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Utah Health Exchange
Broker Employer Application Training

August 10, 2009



Agenda

- Webinar Training Ground Rules
- Welcome to Broker Panelists
- Overview of the Utah Health Exchange
- Ground Rules of Limited Launch
- Timeline
- Employer Registration Process
- Q&A



Ground Rules for Webinar

- All attendees have been muted
- Attendees may use chat feature to submit questions
- Panelists may ask questions verbally at any time
- Submitted questions will be addressed during Q&A session
- This presentation will be available to download at http://ochs.utah.gov/docs.html



Welcome to our Broker Panelists

- Ernie Sweat
- Rob Perry
- Alan Seegrist
- Dave Jackson



The Utah Approach to health system reform

One of the cornerstones of Utah's approach to health system reform is to move our health care system toward a consumer-based system. There are two critical components for moving towards a consumer-based system: 1) defined contribution arrangements and 2) the Utah Health Exchange.



The Utah Approach to health system reform

Defined contribution arrangements are employer group health plans individually selected by an employee. In a defined contribution arrangement, rather than promising or providing a certain level of health benefit, the employer provides a pre-determined level of funding that the employee then controls and uses to purchase their choice of health insurance.



The Utah Approach to health system reform

The Utah Health Exchange--In order for a defined contribution system to function efficiently, consumers need a single shopping point--like the Exchange--where they can evaluate their options and execute an informed purchasing decision. For a consumer-based market to succeed, brokers, agents, employers, and individuals must have access to reliable information to allow consumers to make side-by-side comparisons of their options.



Utah Health Exchange Stakeholders

- Employers in Utah
 - 2-50 employees through 2011
 - Opens to large group in 2012
- Their full time employees
- Risk Adjustment Board Members
- Participating Brokers
- Participating Health Insurance Carriers
- bswift enrollment and eligibility management technology
- Health Equity Premium collection and distribution
- State of Utah



The Participating Carriers













Ground Rules of Limited Launch

- Participation is limited during the "Limited Launch" period to 100 to 150 groups
- Employers must designate a broker during the "Limited Launch" period
- The average group size of groups submitted by a broker is encouraged to be 10 to 15 employees during the "Limited Launch" period
- The Exchange will monitor the number of employers applying and the average group size during the "Limited Launch" period and reserves the right to close the registration site prior to the official close date



Employer Application Process Flow

- Employers register for the Utah Health Exchange by completing online application
- bswift randomly sends employer applications to primary and secondary health insurance carrier for approval
- Once the employer is approved, bswift setups up an unique web site for the employer, communicates approval to the employer and provides communication for employees to access the web site to complete their health applications.



Timeline

•	Employers Application Period Starts	August 17
•	Employer Application Closes	August 31
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•	Broker Training on Employee Application	September 17
•	Carriers Review, Accept, Reject Applications	September 21
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	Health Application	September 28
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•	Open Enrollment Starts for Employees	November 1
•	Open Enrollment Ends	November 10



• URL: www.utahhealthexchange.bswift.com



Screen Shot of link to Employer Application

Login	To learn more about the Utah Health Exchange, please visit: Welcome to the Utah Health Exchange Defined Contribution site Username: Password: Password: Password: Password: Prequesting to participate in the Utah Health Exchange, click here for the employer application. To learn more about the Utah Health Exchange, please visit: www.exchange.utah.gov For assistance with the Employer Application process call 877-213-1993		Important Information
Welcome to the Utah Health Exchange Defined Contribution site Username: Password: Login To learn more about the Utah Health Exchange, please visit: www.exchange.utah.gov For assistance with the Employer Application process call 877-213-1993	Welcome to the Utah Health Exchange Defined Contribution site Username: Password: Login To learn more about the Utah Health Exchange, please visit: www.exchange.utah.gov For assistance with the Employer Application process call 877-213-1993		requesting to participate in the Utah Health Exchange, click here for the employer
Password: Login Employer Application process call 877-213-1993	Password: Login Employer Application process call 877-213-1993	EXCHANGE	Utah Health Exchange, please visit: www.exchange.utah.gov
First Time User? Forget Password?	First Time User? Forget Password?	Username: Password:	For assistance with the Employer Application
1 (COLO 100 COLO 100		First Time User? Forget Password?	







Employer Registration

Welcome to the Utah Health Exchange Employer registration page. Please complete all information below . Within 10 days of your acceptance, you will received our UHE I.D. along with instructions on how to access and use your employer/plan sponsor portal. Please contact your health insurance broker or the UHE Benefit Support Line at 877-213-1993 with any questions.

Company Information	
*Legal Company Name:	
*Company Name (DBA):	
*Year of Incorporation:	
*Company Code:	Will be used when first time users log in
*Federal Tax Id:	
*SIC Code:	(4 digits) Find Code
*Business Type:	Select 💠
*Current Total Number of Fulltime Employees:	
*Total Number of Fulltime Employees One Year Ago:	
*Number of Employees Eligible for Health Insurance:	
Current Group Carrier (Health Insurer):	
Coverage Start Date:	
Coverage End Date:	
*Address 1:	
Address 2:	

Address 1:	
Address 2:	
*City:	
*State:	Select 💠
*Zip:	Substitute 1
*County:	
30	
*Phone:	Example: (555) 555-5555
977249	
Primary User	
*First Name:	*Last Name:
*Username:	
*Password:	
¥e	irm Password:
Conf	
	*Email: Example: yourname@yourdomain.com
Billing Information	
*Contact Name:	
*Contact Phone:	
	and the second of the country of the second
*Address 1:	
Address 2:	
*City:	
*State:	Select 💠
*Zip:	
*Phone:	Example: (555) 555-5555
*Email:	Example: yourname@yourdomain.com

	*State: Select *
2.0	*Phone: Example: (555) 555-5555
	*Email: Example: yourname@yourdomain.com
anking Information	
ase note that ALL financial !	transactions that occur as part of the Utah Health Exchange will be handled by HealthEquity, Inc.
ployers on the 15th of the rather alth Exchange, it is strongly	invoice you for the amount required to pay for your health benefits and associated fees. HealthEquity will withdraw funds from month and distribute those funds to the appropriate carriers at the end of the month. As part of your participation in Utah suggested that you provide EFT information at this time in order to ensure timely payment of premium payments and avoid the alth coverage as a result of non-payment of premiums. Please enter the following EFT information below:
*Banking Institution	n Name:
*Routing N	Number:
*Account N	Number
*Accour	nt Type: Select \$
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Health Insurance Broker #2:	% of Commission (total between brokers must be 100%)
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Coverage Tiers and Contribution	
coverage fiers and contributions	
earn more about Coverage Tiers & Cont	ibutions
ease enter your defined contribution for	the following coverage tiers:
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Employee + Spouse:	
Employee + Child(ren):	
Employee + Spouse + Child(ren):	
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First day of following month		
First day of following month after	days	
Other Documentation		
lease upload the requested files:		
*Quarterly Wages & Tax File	::	Browse
f employer is new and has not filed employer's business license or Article		ch a copy of your most recent payroll here and either a copy of
Business License or Articles of Incorporation File		Browse
*Employee Census File		Browse
	Upload & Add Another	

By clinking "I agree" Employer is certifying to the following:

- 1. The employer does not offer a major medical health benefit plan that is not a part of the defined contribution arrangement to employees.
- 2. The employer will establish a mechanism for its employees to use pre-tax dollars to purchase a health benefit plan from the defined contribution arrangement market on the Internet portal created, which may include:
 - (a) a health reimbursement arrangement;
 - (b) a Section 125 Cafeteria plan; or
 - (c) another plan or arrangement similar to (a) or (b) which is excluded or deducted from gross income under the Internal Revenue Code.
- 3. The employer will inform each employee of the health benefit plan the employer has selected as the default health benefit plan for the group.
- 4. The employer will offer each employee a choice of any of the health benefit plans available through the Utah Health Exchange and notify the employee that the employee will be enrolled in the default health benefit plan selected by the employer and payroll deductions initiated for premium payments, unless the employee, prior to November 25:
 - (a) notifies the employer that the employee has selected a different health benefit plan available through the defined contribution arrangement in the Internet portal;
 - (b) provides proof of coverage from another health benefit plan; or
 - (c) specifically declines coverage in a health benefit plan.
- 5. The employer shall provide a notice to employees that informs the employee that the failure to act under item 4 is considered an affirmative election under pre-tax payroll deductions for the employer to begin payroll deductions for health benefit plan premiums.

	Upload & Add Another
*Employee Census File	
Employee Census File	Browse
	Upload & Add Another
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I agree	



Editing the document

- You can print a copy of your application by doing a file print.
- Once you hit save the application will be saved onto the database.
- You will be able to edit your application with the Primary User's userid and password. Please write these down.



Required Attachments

- Every employer group must attach a <u>Census File</u>
- Every employer group must attach a <u>Quarterly Wage & Tax</u>
 <u>File</u>
- What do you do if you are a new employer and have not filed a Quarterly Wage & Tax File?
 - Attach a copy of your Business License and a copy of your recent payroll

<u>OR</u>

 Attach a copy of your Articles of Incorporation and a copy of your recent payroll



Agreement Text

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Agreement Text Continued

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Required Fields on Application

Employer Demographics

- Legal Company Name
- Company Name (DBA)
- Year of Incorporation
- Company Code
- Federal Tax ID
- SIC Code
- Business Type
- Current Total Number of Full time Employees

Employer Demographic Cont.

- Total Number of Full time Employees One Year Ago
- Number of Employees
 Eligible for Health Insurance
- Address 1
- City
- State
- Zip
- County
- Phone



Required Fields on Application

Primary User

- First Name
- Last Name
- Username
- Password
- Confirm Password
- Email

Billing Information

- Contact Name
- Contact Phone
- Address 1
- City
- State
- Zip
- Phone Number
- Email



Required Field on Application

Banking Information

- Banking Institution Name
- Routing Number
- Account Number
- Account Type

Health Insurance Broker

- Select your broker of record from the drop down
- If you have a secondary broker you can list them as well
- Percent of Commission to each – must equal 100%



Other Requested Information

- Defined Contribution Amounts by Coverage Tier
 - Employee
 - Employee + Spouse
 - Employee + Child (ren)
 - Employee + Spouse + Child (ren) (Family)

Note: You will be allowed to edit these later

- Questions on Section 125 Product Offerings
- New Hire Waiting Period
 - Date of Hire
 - Date of Hire plus "X" days
 - First day of following month (Default if left blank)
 - First day of following month after "X" days



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Employer Application Process

Questions?



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